

BREAKDOWN CLAIM GUIDANCE NOTES

Please note that in order to process your claim with optimum efficiency we will require receipt of the necessary documentation as outlined in the following pages.

The sooner we have the claim form and documentation needed the sooner we will be able to deal with your claim. If there are any circumstances that will cause delays please call us on **0333 004 1999** and we will endeavor to assist you in any way possible.

Please note that while we will make every effort to complete your claim in the shortest time possible delays in the return of any necessary documents requested may prolong the life cycle of your claim.

Dependent upon the circumstances of the claim the insurers may need to request additional documentation or information in order to process a claim.

Thistle Insurance Services Limited will be responsible for handling your claim with the authority of your insurers, and in respect of all aspects of the assessment and processing of your claim, we will be acting at all times on the insurers behalf.

Please note the information contained in this document is for guidance only and does not indicate acceptance of a claim. The contents do not form part of the contract of insurance.

Contact details

Claims telephone: **0333 004 1999**

Claims email: guardclaims@thistleinsurance.co.uk

Claims Department opening hours

Monday - Friday

9.00am - 5.00pm

Address

Claims Department

Thistle Insurance Services Limited

Southgate House

Southgate Street

Gloucester

GL1 1UB

Important notice for customers who pay by Direct Debit:

Do not cancel your Direct Debit. Not paying your premium could affect your claim and future cover.

What you need to send us

For all orchestral breakdown - make sure you have enclosed the following:

- Completed claim form
- Original purchase receipt for equipment or bank/ credit card statement showing purchase
- Details of previous insurers
- Details of previous claims/ incidents
- Details of any warranty agreement for the damaged item
- A repair estimate including the cost and details of the damage
- Copies of proof of ID e.g. passport, driving licence
- Copies of verification of address e.g. utility bill, bank/ credit card statement with account number details blanked out

Office use only

Policy no _____
 Claim ref _____
 Issue date _____

BREAKDOWN CLAIM FORM

Please read the guidance notes provided before completing this claim form

Section 1 - Your details

Title:

Full name:

Sex: Male / Female

Occupation:

Home address:

Postcode:

Insured location (if different):

Postcode:

Home telephone:

Work telephone:

Mobile number:

E-mail:

Fax number (if available):

2. Have you ever been convicted of any offence involving dishonesty, fraud, arson, or have prosecutions pending?

Yes No

If 'Yes', please provide details

3. Is the failed item covered by a manufacturers warranty agreement or any other warranty or service agreement which may also cover all or part of the incident?

Yes No

If 'Yes', please provide details

Name:

Contact details:

1. Have you made any orchestral related claims (whether paid or not) or suffered any events that may have given rise to a claim, within the last three years?

Yes No

If 'Yes', please provide details

4. Please confirm the most suitable date(s) for collection of your equipment for inspection:

Section 2 - Incident details

5. Please tick what your claim is for:

Breakdown

Other (please specify):

6. Date of incident (dd/mm/yy):

7. The time when the property was damaged

Time: am / pm

8. Where did the incident occur?

9. State exactly how the incident occurred?

Section 2 - Incident details

10. Was someone else responsible for the incident?

Yes No

If 'Yes', please give contact details and explain why they were responsible

Name :

Contact details:

How were they responsible?

11. Were there any witnesses to the incident?

Yes No

If 'Yes', please provide contact details:

Name :

Contact details:

DECLARATION

I/We declare that the information provided in this claim form is true to the best of my belief and knowledge. I/We have not withheld any information within My/Our knowledge connected with this claim. I/We accept that if I/We exaggerate any part of this claim, or make any false declaration or statement, I/We shall not be entitled to receive any benefit under this policy in respect of this claim. Furthermore, I/We accept that any such action on My/Our part may render Me/Us liable to prosecution. I/We further agree to provide any further information or documentation as may be reasonably required. I/We understand that you may seek information from other insurers to check answers that I/We have provided.

Signed by the policyholder(s):

Dated:

IMPORTANT NOTICE: Insurers and their agents share information with each other to prevent fraudulent claims and for underwriting purposes via the Claims Underwriting Exchange register operated by Insurance Datatype Services Ltd. A list of participants is available upon request. The information you supply on this form, together with the information you have supplied on your insurance and any other information related to the claim, will be supplied to participants.

Please return this form to: Claims Department, Thistle Insurance Services Limited, Southgate House, Southgate Street, Gloucester, GL1 1UB

Section 3 - Item details

Total value of the claim as estimated by you: £

Item	Make	Model	Colour	Serial number	Date of purchase (dd/mm/yy)	Place of purchase	Original purchase price £	Estimated replacement cost £
1								
2								
3								

Any other accessories

If you have any more items, or if you have any additional information which may be of assistance, please provide details below

Additional information